

Claimant Homepage

Confirmation History

Correspondence History

TO-DO

[File a New Unemployment Insurance Claim](#) 

Overpayment Balance: \$0.00

PAYMENTS



CLAIMS



After logging into your Uplink Claimant Self Service homepage, select the “File a New Unemployment Insurance Claim” link in the “To-Do” section of the homepage.

Start Your Claim

What You Need To Know

You are about to start the process of filing a claim for unemployment insurance benefits. The questions on the following pages will help us determine whether you can file a claim in the State of Indiana and whether you are eligible for unemployment insurance benefits.

NOTE: It may take more than one hour for you to complete the questions on this initial claim for unemployment insurance benefits. As you complete each module in the filing process, your answers will be saved. At any time, you may log out of the Claimant Self Service System by clicking on the dropdown menu at the top of the screen and selecting logoff option. If you do not complete this claim by Saturday at 8:59 p.m., this claim will be deleted, you will lose your opportunity to claim benefits for this week, and you will be forced to start over.

Please have the following information ready before you begin the claim filing process:

1. Names of your employers and dates of employment for the past two years
2. Reason for separation from your employers
3. Check stubs from your current or most recent employer
4. If you received any type of pay other than regular wages, information about the amount(s) of money you received
5. Information about your pension, retirement, 401(K) or other payments
6. If you have had out of state employment, the state where you physically worked and your employer's payroll address
7. If you are a member of a union hiring hall, information about your hiring hall and your "dues paid through" date
8. If you received Worker's Compensation, information about the date of your injury

Do you wish to continue filing a claim for benefits?

Yes

No

Please read all of the information on this screen thoroughly, as it contains important information about the unemployment insurance claim filing process. The claim filing process may take more than an hour to complete, and you will need to have information about your recent employers and any income you have received or will receive on hand. Read each question thoroughly before responding, as failing to answer accurately will affect or delay your benefits. **NOTE: If you do not complete this claim by Saturday at 8:59PM of the current week, your claim will be deleted and you will lose the ability to claim this week of benefits.** After you have gathered all of the required information, please select "Yes".

Start Your

Warning! You are about to file an unemployment insurance claim.

You are required to answer the following questions accurately, honestly, and under the penalties of perjury. The Indiana Department of Workforce Development criminally prosecutes individuals who commit unemployment insurance benefits fraud, and the Department uses garnishment proceedings and court orders to collect benefits that were overpaid due to fraud. Failure to answer the following questions truthfully will result in a delay in your benefits, a fraud investigation, and an overpayment of benefits on your account.

Close

I understand. Continue >

You are about to
whether you can

NOTE: It may take several days to process your claim. If you do not complete this claim by Saturday at 8:59 p.m., this claim will be deleted, you will lose your opportunity to claim benefits for this week, and you will be forced to start over.

Please have the following information ready before you begin the claim filing process:

1. Names of your employers and dates of employment for the past two years
2. Reason for separation from your employers
3. Check stubs from your current or most recent employer
4. If you received any type of pay other than regular wages, information about the amount(s) of money you received
5. Information about your pension, retirement, 401(K) or other payments
6. If you have had out of state employment, the state where you physically worked and your employer's payroll address
7. If you are a member of a union hiring hall, information about your hiring hall and your "dues paid through" date
8. If you received Worker's Compensation, information about the date of your injury

Do you wish to continue filing a claim for benefits?

Yes

No

Throughout the claim filing process, you will see pop-up warnings about providing accurate and honest information. The Indiana Department of Workforce Development criminally prosecutes individuals who commit unemployment insurance benefits fraud. Failure to answer all questions truthfully will result in a delay in your benefits, a fraud investigation, and an overpayment of benefits on your account. You will not be able to move forward until you select "I understand. Continue."

You have 3 Days, 5 Hours, 43 Minutes to finish filing the claim

1 Claim Introduction

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Benefits In Another State

Field(s) marked with an asterisk * are required.

Have you applied for benefits in another state at any time since 05/15/2016? *

☐ Yes ☒ No

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Continue >

Throughout the filing process, you will notice a ticker at the top of each page. This keeps you notified as to how much time you have left to complete your claim. Below the ticker is a progress bar that will show you where you are in the claim filing process. As you complete each module, the progress bar will change colors.

Please pay close attention to the time period noted in the question on this screen. If you filed for benefits in another state within the past 52 weeks, you may not be eligible to file in Indiana because you may only file for benefits in one state during a 52-week period. You may try to file again once your out of state claim expires. Your answer to this question will be verified with the other state at the completion of your claim filing. If you have additional questions regarding this eligibility requirement, please contact our Uplink Contact Support Center at 1-(800) 891-6499.

Select the radio button that corresponds to your answer and then select "Continue."

You have 3 Days, 5 Hours, 42 Minutes to finish filing the claim

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Worker's Compensation

*Field(s) marked with an asterisk * are required.*

Did you receive Worker's Compensation at any time from 01/01/2016 to 12/31/2016? *

☐ Yes ☒ No

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Please answer “yes” or “no” to the Worker’s Compensation question. If you received Worker’s Compensation during a specific period of time, you will be asked a series of follow-up questions. Please have information and records pertaining to your Worker’s Compensation on hand.

You have 3 Days, 5 Hours, 41 Minutes to finish filing the claim

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What You Need To Know

The following screens will include questions regarding all of the places where you may have worked since **01/01/2016**. Employers that have reported wages under your Social Security Number will be displayed to you on the next few screens. If you have had additional employment since **01/01/2016** that is not displayed on the following screens, you may add that employment on the following screens.

You will need the following information ready for each of your employers before continuing to the next screen:

1. Approximate start date
2. Separation date or the last day you worked
3. Work schedule
4. Reason for separation
5. Check stub and/or [rate of pay](#)

Please be as accurate as possible when answering questions about your work history. Inaccuracies can lead to a delay in your benefits, as well as corrections that can cause overpayments on your claim.

If you need to take a break to gather the information listed above regarding your employers since **01/01/2016**, select "Save and Logout". You will be able to log back into your Uplink account and complete your claim until Saturday at 8:59 p.m. If you do not complete this claim by Saturday at 8:59 p.m., this claim will be deleted and you will be forced to start over.

Save & Logout

If you are ready to tell us about all of your employers since **01/01/2016**, choose "Continue".

For the next few screens in this module, you will be asked questions regarding all of the places you worked during the time period noted. Employers that have reported wages under your Social Security Number are displayed throughout this module. If you have had employment that is not listed on the following screens, you will have an opportunity to add it. Have the information listed on this screen, such as your employment dates, your reason for separating from your employers, and your check stub, on hand when answering questions. Again it is important to read each question carefully and answer the questions accurately, as mistakes can lead to a delay in your benefits or to corrections that may cause overpayments.

You have 3 Days, 5 Hours, 40 Minutes to finish filing the claim



Claim Introduction



2 Employment History



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Employment History

Show 5 entries

Filter:

Employer Name

Employer Business Activity

Start Date

End Date

BEATY CONSTRUCTION INCORPORATED

Highway, street, and bridge construction
Construction

Showing 1 to 1 of 1 entries

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We will begin by asking about your employment with the employers listed above.

When you are ready to begin, choose "Continue".

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Continue >

All employers who have reported wages under your Social Security Number are displayed on this screen. Review all of the information for accuracy. You will be asked to submit information about each employer listed here. If you have employment that is not listed, you will have an opportunity to add that employment later.

You have 3 Days, 5 Hours, 40 Minutes to finish filing the claim

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BEATY CONSTRUCTION INCORPORATED

Employer Business Activity:
Highway, street, and bridge construction
Construction

Now you will answer questions about the employer listed above.

Choose "Continue" to proceed.

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You have 3 Days, 5 Hours, 37 Minutes to finish filing the claim



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BEATY CONSTRUCTION INCORPORATED

Employer Business Activity:
Highway, street, and bridge construction
Construction

*Field(s) marked with an asterisk * are required.*

Have you worked for this employer any time since 01/01/2016? *

☒ Yes ☐ No

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At the top of this screen, you will see your employer's legal business name and employer business activity, which may be different than the name on your check stubs or W2s. Answer "yes" or "no" regarding your employment with the entity displayed on the screen.

You have 3 Days, 5 Hours, 36 Minutes to finish filing the claim



BEATY CONSTRUCTION INCORPORATED

Employer Business Activity:
Highway, street, and bridge construction
Construction

Field(s) marked with an asterisk * are required.

Which of the following scenarios best describes your separation from this employer? *

- ☒ This employer told me I was fired, terminated, or discharged.
- ☐ This employer told me that no work was available. Choose this option even if your employer temporarily does not have work available and if you have a return to work date. Do not choose this option if you are still working but experiencing a reduction in hours.
- ☐ This employer told me that I have been suspended.
- ☐ I quit this job or was discharged as a result of a domestic violence situation.
- ☐ I am not working for this employer because, at this time, I am unable to do my job. Choose this option if you have a medical condition, are on Family Medical Leave, or if you are on a short-term disability, and you expect to return to work with this employer.
- ☐ I quit or chose to end this employment on my own.
- ☐ I am still working for this employer. If your employer is on a temporary shutdown, choose the option "This employer told me that no work was available." Choose this option if you are still working but experiencing a reduction in hours.
- ☐ I am on strike/lockout/labor dispute with this employer.

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Select a statement that best describes the reason that you were given for separation from this employer. You must select one of the options on this screen. The red text provides additional information regarding that situation.

Please note, if you hover your computer mouse over the underlined blue text, additional information (such as a definition of a term) will appear.

You have 3 Days, 5 Hours, 35 Minutes to finish filing the claim



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Verify/Submit Claim

BEATY CONSTRUCTION INCORPORATED

Employer Business Activity:
Highway, street, and bridge construction
Construction

Field(s) marked with an asterisk * are required.

Why were you fired, terminated, or discharged? *

- ☐ This employer said that I had poor attendance.
- ☒ This employer said that I broke a rule or policy.
- ☐ Because of medical reasons. If you are going to return to work for this employer, use the back button to return to the prior screen and select the option, "I am not working for this employer because, at this time, I am unable to do my job."
- ☐ This employer said that I damaged employer property.
- ☐ This employer said that I was not performing to the employer's standards.
- ☐ This employer said that I committed a crime.
- ☐ This employer did not tell me why I was fired, terminated, or discharged.

Based on the reason you selected on the previous screen, you may be asked additional follow-up questions about the details of your separation from the employer listed at the top of the screen.

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You have 3 Days, 5 Hours, 34 Minutes to finish filing the claim



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BEATY CONSTRUCTION INCORPORATED

Employer Business Activity:
Highway, street, and bridge construction
Construction

You indicated that your employer told you that you were fired, terminated, or discharged because you broke a rule or policy.

*Field(s) marked with an asterisk * are required.*

Choose the option that best describes the reason your employer gave for your rule or policy violation. *

- ☐ This employer told me that I failed or refused a drug, alcohol, or substance test.
- ☐ I lost a license that I need in order to do my job.
- ☐ This employer did not tell me the specific policy or rule I broke.

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Continue >

Based on the reason you selected on the previous screen, you may be asked additional follow-up questions about the details of your separation from the employer listed at the top of the screen.

You have 3 Days, 5 Hours, 33 Minutes to finish filing the claim



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BEATY CONSTRUCTION INCORPORATED

Employer Business Activity:

Highway, street, and bridge construction
Construction

You indicated that you were fired, terminated, or discharged because this employer said that you failed a drug, alcohol, or substance test.

Field(s) marked with an asterisk * are required.

What was your **earliest approximate start date** with this employer? *

09/06/2016



(mm/dd/yyyy)

What is your **latest date of separation** from this employer? *

05/09/2017



(mm/dd/yyyy)

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Continue >

Answer questions about your start date and separation date with the employer listed at the top of the page. Enter your earliest approximate start date, meaning the earliest date you started working for the employer. Enter your separation date, as well. You may enter the date manually (mm/dd/yyyy) or click the calendar to enter a date.

You have 3 Days, 5 Hours, 31 Minutes to finish filing the claim



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Ability to Work



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Verify/Submit Claim

BEATY CONSTRUCTION INCORPORATED

Employer Business Activity:

Highway, street, and bridge construction
Construction

Field(s) marked with an asterisk * are required.

What was your **rate of pay** with this employer? *

\$ 15

Pay Rate Type for Amount Reported. *

☒ Hourly ☐ Weekly ☐ Bi-Weekly ☐ Bi-Monthly ☐ Monthly ☐ Yearly

How many hours did you normally work per week with this employer? *

40

How many days did you normally work per week with this employer? *

5

Select the option that best describes your employment with this employer *

Full-Time

What was your job title with this employer? *

Manager

Answer questions about your rate of pay, normal work schedule, full- or part-time status, and title with the employer listed at the top of the screen.

You have 3 Days, 5 Hours, 24 Minutes to finish filing the claim

✓ Claim Introduction

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6 Verify/Submit Claim

Employment History

Show 5 entries

Filter:

| Employer Name | Employer Business Activity | Start Date | End Date |
|---------------------------------|--|------------|------------|
| BEATY CONSTRUCTION INCORPORATED | Highway, street, and bridge construction Construction | 09/06/2016 | 05/09/2017 |

Showing 1 to 1 of 1 entries

Previous 1 Next

+ Indiana Employment

+ Military Employment

+ Federal Employment

+ Out of State Employment

Have you had any other employment in the state of Indiana at any time since 01/01/2016?

Yes

No

If you have had employment with an Indiana employer since the date indicated on the screen, and that employment is not listed on this page, select “yes” and answer all follow-up questions.

You have 3 Days, 5 Hours, 22 Minutes to finish filing the claim



Claim Introduction



Employment History



Income



Ability to Work



Miscellaneous



Verify/Submit Claim

Employment History

Show 5 entries

Filter:

| Employer Name | Employer Business Activity | Start Date | End Date |
|---------------------------------|--|------------|------------|
| BEATY CONSTRUCTION INCORPORATED | Highway, street, and bridge construction Construction | 09/06/2016 | 05/09/2017 |

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+ Indiana Employment

+ Military Employment

+ Federal Employment

+ Out of State Employment

Have you served in any branch of the United States Military at any time since 01/01/2016?

Yes

No

If you have served in any branch of the military since the date indicated on the screen, select “yes” and answer all follow-up questions.

You have 3 Days, 5 Hours, 20 Minutes to finish filing the claim

✓ Claim Introduction

2 Employment History

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Employment History

Show 5 entries

Filter:

| Employer Name | Employer Business Activity | Start Date | End Date |
|---------------------------------|--|------------|------------|
| BEATY CONSTRUCTION INCORPORATED | Highway, street, and bridge construction Construction | 09/06/2016 | 05/09/2017 |

Showing 1 to 1 of 1 entries

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+ Indiana Employment

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+ Federal Employment

+ Out of State Employment

Have you worked for any Federal civilian employers at any time since 01/01/2016?

Yes

No

If you have had employment with a federal agency since the date indicated on the screen, select “yes” and answer all follow-up questions.

You have 3 Days, 5 Hours, 19 Minutes to finish filing the claim



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Verify/Submit Claim

Employment History

Show 5 entries

Filter:

Employer Name

Employer Business Activity

Start Date

End Date

BEATY CONSTRUCTION INCORPORATED

Highway, street, and bridge construction
Construction

09/06/2016

05/09/2017

Showing 1 to 1 of 1 entries

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+ Indiana Employment

+ Military Employment

+ Federal Employment

+ Out of State Employment

Have you worked in any state other than Indiana at any time since 01/01/2016?

Yes

No

If you have had employment outside of the state of Indiana since the date indicated on the screen, select “yes” and answer all follow-up questions.

You have 3 Days, 5 Hours, 18 Minutes to finish filing the claim

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Employment History Timeline



Your Employment History since 01/01/2016

Review the information on this screen carefully to ensure that your employment history since **01/01/2016** is correct. If you need to make corrections to your employment history, click the "Edit" button next to any employment record that is incorrect. If you need to add employment, click the appropriate "Add" button below that corresponds to the type of employment you need to add. When you are finished and when your employment history since **01/01/2016** is correct, choose "Continue".

Show 5 ▾ entries

Filter:

| Employer Name | Employer Business Activity | Start Date | End Date | |
|---------------------------------|--|------------|------------|------|
| BEATY CONSTRUCTION INCORPORATED | Highway, street, and bridge construction Construction | 09/06/2016 | 05/09/2017 | Edit |

Showing 1 to 1 of 1 entries

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+ Indiana Employment

+ Military Employment

+ Federal Employment

+ Out of State employment

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Continue >

The employment history screen contains all of your employment history detailed in an easy-to-view timeline. Please review this information carefully to make sure it is complete and accurate. If any information is incorrect, or if you need to add an employer, select "Edit" or the "add" button that corresponds to the type of employment you need to add. When finished, select continue.

You have 3 Days, 5 Hours, 17 Minutes to finish filing the claim



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Verify/Submit Claim

Employment History Summary

BEATY CONSTRUCTION INCORPORATED,

5292 W 100 N, BOGGSTOWN, IN 46110-9739

[Edit](#)

| | |
|---|---|
| Did you work for this employer? | Yes |
| Which of the following scenarios best describes your separation from this employer? | You indicated that you were fired, terminated, or discharged because this employer said that you had poor attendance. |
| What was your earliest approximate start date with this employer? | 09/06/2016 |
| What is latest date of separation from this employer ? | 05/09/2017 |
| What was your rate of pay with this employer? | \$15 per Hour |
| How many hours did you normally work per week with this employer? | 40 hour(s) per week |
| How many days did you normally work per week with this employer? | 5 day(s) per week |
| Select the option that best describes your employment with this employer. | Full-Time |
| What was your job title with this employer? | Manager |

*Field(s) marked with an asterisk * are required.*☐ I affirm that the above employment history is correct. *[< Back](#)[Continue >](#)

Please review your answers to all of the questions about your employment history. If you need to correct any of your responses, select “Edit” in the section that is in need of a correction. When you are finished, affirm that all of your answers are correct. You will not be able to move forward until you affirm this information.

Caution:

You are leaving the Employment History section of your unemployment insurance claim. If you need to come back to this section to make changes, you will be required to provide additional information. Please take a moment to ensure your Employment History is correct and complete before moving on to the next section

Cancel

I'm ready. Continue >

BEATY CONSTRUCTION INCORPORATED,

5292 W 100 N, BOGGSTOWN, IN 46110-9739

Edit

| | |
|---|---|
| Did you work for this employer? | Yes |
| Which of the following scenarios best describes your separation from this employer? | You indicated that you were fired, terminated, or discharged because this employer said that you had poor attendance. |
| What was your <u>earliest approximate start date</u> with this employer? | 09/06/2016 |
| What is <u>latest date of separation</u> from this employer ? | 05/09/2017 |
| What was your <u>rate of pay</u> with this employer? | \$15 per Hour |
| How many hours did you normally work per week with this employer? | 40 hour(s) per week |
| How many days did you normally work per week with this employer? | 5 day(s) per week |
| Select the option that best describes your employment with this employer. | Full-Time |

☒ I affirm that the above employment history is correct. *

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Once you have affirmed your employment history information is correct, you will be advised that, if you need to come back to the Employment History module to make changes, additional information will be required. Select "I'm ready. Continue."

You have 3 Days, 5 Hours, 16 Minutes to finish filing the claim



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Verify/Submit Claim

What You Need To Know

You indicated that you worked for **BEATY CONSTRUCTION INCORPORATED** from 09/06/2016 to 05/09/2017. The following screens will include questions regarding money you will receive or have already received from **BEATY CONSTRUCTION INCORPORATED**. For example, some employers pay out earned vacation time, sick pay, or holiday pay in a worker's last paycheck. Have your check stubs and severance or separation agreement, if applicable, ready when you answer these questions.

If you are ready to tell us about any money you may have or will receive from **BEATY CONSTRUCTION INCORPORATED**, choose "Continue".

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The following screens will ask you about income you have received or will receive from your most recent employer(s). It might help to have a recent check stub on hand when answering the following questions.

Warning!

Failure to report earnings that you have or will receive from **BEATY CONSTRUCTION INCORPORATED** on the following screens may result in a fraud investigation or overpayment of benefits.

Close



I understand. Continue >

You indicated that you worked for **BEATY CONSTRUCTION INCORPORATED** from 09/06/2016 to 05/09/2017. The following screens will include questions regarding money you will receive or have already received from **BEATY CONSTRUCTION INCORPORATED**. For example, some employers pay out earned vacation time, sick pay, or holiday pay in a worker's last paycheck. Have your check stubs and severance or separation agreement, if applicable, ready when you answer these questions.

If you are ready to tell us about any money you may have or will receive from **BEATY CONSTRUCTION INCORPORATED**, choose "Continue".

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 Claim Introduction Verify/Submit Claim

You must report all earnings, income, and other payments to the Department. Failure to do so will result in a fraud investigation and the creation of an overpayment on your claim.

You have 3 Days, 5 Hours, 15 Minutes to finish filing the claim



BEATY CONSTRUCTION INCORPORATED

Employer Business Activity:

Highway, street, and bridge construction
Construction

Your Employment History indicates that you worked for the employer listed above during the time between 05/07/2017 and 05/13/2017.

If you have received or will receive compensation from this employer for work performed for the period of time between 05/07/2017 and 05/13/2017, you will be asked to report it when you file a voucher for this week.

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You will be required to report your wages from the employer listed at the top of the screen for specific periods of time on your weekly voucher. Even if you have not received the check or direct deposit, you must report all earned wages.

You have 3 Days, 5 Hours, 15 Minutes to finish filing the claim

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⑥ Verify/Submit Claim

Compensation X

Compensation is something, such as money, given or received as a payment for a service or for a loss.

Self-Employment Compensation

If you have received or will receive compensation for self-employment from 05/07/2017 and 05/13/2017, you will be asked to report it when you file a voucher for this week.

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You have 3 Days, 5 Hours, 14 Minutes to finish filing the claim



BEATY CONSTRUCTION INCORPORATED

Employer Business Activity:

Highway, street, and bridge construction
Construction

Regarding BEATY CONSTRUCTION INCORPORATED, did you receive any of the following from this employer since 05/07/2017 in your last pay check or in any future check?

Check all that apply. At least one selection is required.

i You must provide the gross amount for any selection.

- | | | |
|--|---|---|
| <input type="checkbox"/> Vacation Pay | <input type="checkbox"/> Severance | <input type="checkbox"/> PTO |
| <input type="checkbox"/> Holiday | <input type="checkbox"/> Floating Holiday ? | <input type="checkbox"/> Accrued Leave (non military) |
| <input type="checkbox"/> Separation Pay | <input type="checkbox"/> Sick Pay | <input type="checkbox"/> Bonus |
| <input type="checkbox"/> Comp Time | <input type="checkbox"/> Idle Time ? | <input type="checkbox"/> Stay on Pay ? |
| <input type="checkbox"/> Retention Pay ? | <input type="checkbox"/> COBRA ? | <input type="checkbox"/> Wages in Lieu of Notice ? |

☐ I will not receive, nor have I received, any of the above payments from this employer.

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Continue >

Report all money you received from the employer listed above from any of the sources listed. When you select the type of compensation received, you will be able to enter the gross amount received. If you click on the "?", there will be a brief explanation about that selection. If you did not receive any compensation, select the box indicating that you will not or have not received any payments listed.

You have 3 Days, 5 Hours, 13 Minutes to finish filing the claim

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Strike or Sub Pay

Field(s) marked with an asterisk * are required.

Have you received or will you receive Sub Pay? *

☐ Yes ☒ No

Have you received or will you receive Strike Pay? *

☐ Yes ☒ No

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Continue >

If you received Sub Pay or Strike Pay, you must report it by answering the questions on the screen above.

You have 3 Days, 5 Hours, 12 Minutes to finish filing the claim



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Verify/Submit Claim

Government Assistance Income

*Field(s) marked with an asterisk * are required.*

Are you receiving or will you receive Disability payments? *

☐ Yes ☒ No

Are you receiving or will you receive Social Security payments? *

☐ Yes ☒ No

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Continue >

If you received or will receive Disability payments or Social Security payments, you must report those payments by answering the questions on the screen above.

You have 3 Days, 5 Hours, 10 Minutes to finish filing the claim



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Pension / 401k / Retirement Pay

*Field(s) marked with an asterisk * are required.*

Do you have any type of pension, 401k, or retirement plan? *

☐ Yes ☒ No

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Answer “yes” or “no” to the question about 401K, pension, and retirement plans. If you select “yes”, answer all follow-up questions.

You have 3 Days, 5 Hours, 9 Minutes to finish filing the claim

✓ Claim Introduction

✓ Employment History

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Income Summary

Other Income

Other Income from: **BEATY CONSTRUCTION INCORPORATED**

Edit

No other income information was reported for this employer.

Strike or Sub Pay

Edit

You indicated that you are not receiving Sub Pay.

You indicated that you are not receiving Strike Pay.

Social Security, Social Security Disability, and Disability Pay

Edit

You indicated that you are not receiving Disability Pay.

You indicated that you are not receiving Social Security payments.

Pension, 401k, or other Retirement Plan Payments

Edit

You indicated that you do not have any type of Pension, 401k, or retirement plan payment.

*Field(s) marked with an asterisk * are required.*

☐ I affirm that the above information is correct. *

< Back

Continue >

Review all information on the Income Summary screen to make sure it is accurate and complete. If you need to make changes, select “Edit” in the section that is in need of a correction. When you are finished, affirm that all of your answers are correct.

You have 3 Days, 5 Hours, 9 Minutes to finish filing the claim

✓ Claim Introduction

✓ Employment History

✓ Income

4 Ability to Work

5 Miscellaneous

6 Verify/Submit Claim

What You Need To Know

The following screens will ask you questions about your ability to search for and accept full-time work and about whether you are able and available to search for and accept full-time work. State and federal laws require that you actively look for full-time work and that you be able and available to accept full-time work, if it is offered to you, in order for you to receive unemployment insurance benefits.

If you are ready to tell us about your ability to accept full-time work, choose "Continue".

< Back

Continue >

In order to receive unemployment benefits, you are required to be able to work full-time and to be available to accept full-time work if a position were offered to you.

For the next series of screens, you will answer questions about whether you are able and available to search for and accept full-time work.

You have 3 Days, 5 Hours, 8 Minutes to finish filing the claim



Claim Introduction



Employment History



Income



Ability to Work



Miscellaneous



Verify/Submit Claim

Check all of the following that apply:

At least one selection is required.

- ☐ I am physically unable to search for or accept a full-time job.
- ☐ I am mentally unable to search for or accept a full-time job.
- ☐ I am a student or I am enrolled in a training or apprenticeship program, and that affects my ability to search for or accept a full-time job.
- ☐ I am currently caring for a child or another person, and that affects my ability to search for or accept a full-time job.
- ☐ I am partially or fully self-employed at this time.
- ☐ I do not have reliable transportation.
- ☐ I have some other issue that prevents me from searching for or accepting a full-time job.
- ☐ None of the above. I am able and available to search for or accept a full-time job.

< Back

Continue >

Select all of the statements that apply to your ability to search for and accept full-time employment or select “None of the above,” if applicable.

You have 3 Days, 5 Hours, 1 Minutes to finish filing the claim

✓ Claim Introduction

✓ Employment History

✓ Income

4 Ability to Work

5 Miscellaneous

6 Verify/Submit Claim

Ability to Work Summary

The answers you provided on the last few pages are summarized below. Please confirm that all your answers are correct.

Edit

I am able to search for and accept a full-time job.

Edit

Field(s) marked with an asterisk * are required.

☐ I affirm that the above information is correct. *

< Back

Continue >

Review your responses to the Ability to Work Summary. You may make any necessary changes to your answers by selecting "Edit." When you are certain that the information on the screen is correct, check the box that affirms your answers.

You have 3 Days, 5 Hours, 0 Minutes to finish filing the claim

✓ Claim Introduction

✓ Employment History

✓ Income

✓ Ability to Work

5 Miscellaneous

6 Verify/Submit Claim

Union Hiring Hall

Field(s) marked with an asterisk * are required.

Are you a member of a union hiring hall? *

☐ Yes
 ☒ No

< Back

Continue >

If you are a member of a union hiring hall, select “yes” to the question above and answer the follow-up questions. Union hiring hall members who already completed information about their hiring halls during the initial claim filing will see that information on the screen above. If your “Union Dues Paid Through Date” has changed, please update that information here. You will no longer be required to send in a copy of your union dues paid receipt, but a request for verification will be sent to your hiring hall.

You have 3 Days, 4 Hours, 59 Minutes to finish filing the claim



Claim Introduction



Employment
History



Income



Ability to Work



Miscellaneous



Verify/Submit Claim

Federal and State Taxes

*Field(s) marked with an asterisk * are required.*

Would you like Federal and State taxes deducted from your weekly benefits? *

☐ Yes ☐ No

< Back

Continue >

Unemployment insurance benefits are subject to both federal and state income tax. If you select “yes,” we will withhold 14% of your benefits for tax purposes (10% federal and 4% state). You will not be able to change this election for the duration of this claim. For tax reporting purposes, IRS Form 1099-G will be available on your claimant homepage in late January for the previous year’s benefits.

You have 3 Days, 4 Hours, 59 Minutes to finish filing the claim



Claim Introduction



Employment
History



Income



Ability to Work



Miscellaneous



Verify/Submit Claim

Your Occupation

*Field(s) marked with an asterisk * are required.*

What is the primary type of occupation you are looking for? *

What is the secondary type of occupation you are looking for?

< Back

Continue >

Answer the questions above about the type of occupations you are seeking. This information is used for labor statistics purposes.

You have 3 Days, 4 Hours, 58 Minutes to finish filing the claim

✓ Claim Introduction

✓ Employment History

✓ Income

✓ Ability to Work

5 Miscellaneous

6 Verify/Submit Claim

What is your occupation?

A list of occupations will be created as you begin typing into the field below. You must select from the dropdown list. This information is used for statistical purposes only. If you are not able to find an exact match, choose one that best represents your occupation.

*Field(s) marked with an asterisk * are required.*

Enter Occupation Here *

◀ Back

Continue ▶

For statistical purposes, please enter your most recent occupation. If you are unable to find an exact match, select one that best represents your occupation.

You have 3 Days, 4 Hours, 57 Minutes to finish filing the claim



Claim Introduction



Employment History



Income



Ability to Work



Miscellaneous



Verify/Submit Claim

Rate of Pay

Field(s) marked with an asterisk * are required.

If you were offered a full-time job today, what is the lowest rate of pay that you would be willing to accept? *

\$

Amount

Pay Rate Type for Amount Reported *

☐ Hourly
 ☐ Weekly
 ☐ Bi-Weekly
 ☐ Bi-Monthly
 ☐ Monthly
 ☐ Yearly

In the box provided below, please explain why you will not accept a lower rate of pay?

< Back

Continue >

Please enter the lowest rate of pay you would be willing to accept if you were offered a full-time position. Enter whole dollar amounts only. Do not enter a decimal.

You have 3 Days, 4 Hours, 57 Minutes to finish filing the claim



Claim Introduction



Employment
History



Income



Ability to Work



Miscellaneous



Verify/Submit Claim

Dependents

*Field(s) marked with an asterisk * are required.*

How many dependents do you have? *

< Back

Continue >

For statistical purposes only, please enter the number of dependents you have. This information will not affect your benefit amount.

You have 3 Days, 4 Hours, 57 Minutes to finish filing the claim



Claim Introduction



Employment
History



Income



Ability to Work



Miscellaneous



Verify/Submit Claim

Filing Location

*Field(s) marked with an asterisk * are required.*

Are you currently in the state of Indiana? *

☐ Yes ☐ No

< Back

Continue >

couplink **ACCOUNT** Home Settings Help

You have 5 Days, 4 hours, 30 minutes to finish filling the forms

Claimant Handbook **Unemployment Benefits** **Services** **Ability to Work** **Unemployment** **Verify/Update Cash**

Warning!

Benefit Rights Agreement

Know: It is a crime, punishable by a fine or imprisonment for not more than five years, or both, under Title 10 of the United States Code:

Participating in a fraudulently obtained unemployment benefit.

I understand that I must report all earnings from employment or self-employment regardless of source, including:

- regular payroll
- part-time employment
- temporary employment
- payment made in cash
- payments made for some other method (coupon and E-check, funding before being given a cashed check)

Your initials are required to proceed.

I agree

I understand that, if I worked during a week in which I claimed benefits, I must report that work and the gross amount of the earnings I have or will receive at some future date for that week on the voucher for the week that the work was performed, regardless of when the earnings will be paid to me. For example, I am working during the first week of October. I am not yet paid for my work during the first week of October until sometime in November. I am claiming benefits for the first week of October. I am not yet paid for my work and the gross amount of my earnings for that week on the voucher that corresponds to the first week of October.

Your initials are required to proceed.

I agree

I understand that it is prohibited for me to work during any pay period and delay the receipt of payment for that work until a later date when I am not claiming unemployment insurance benefits. For example, I am working during the first week of October, when claiming unemployment insurance benefits for the first week of October, and I delay payment for that work during the first week of October until sometime in November. I am required to contact someone, "Working Fraud", which is prohibited while claiming unemployment insurance benefits.

Your initials are required to proceed.

I agree

Each week that I claim unemployment benefits, I must advise the Indiana Department of Workforce Development (IDWD) if I am engaged in any self-employment activities. I understand that such self-employment may affect my eligibility even though I may not have other earnings.

Your initials are required to proceed.

I agree

I am responsible for protecting my personal and not giving it to anyone. If I give my personal to another person and benefits are claimed, I will be held responsible.

Your initials are required to proceed.

I agree

I understand that I must be physically and mentally able to work full time, available for full time work, and actively seeking full time work in order to be eligible for unemployment benefits. If I have been granted a work search waiver by IDWD, I do not have to seek full time work, but I will need to seek full time work and available for work. I cannot be incarcerated or hospitalized and I am eligible for unemployment benefits.

Your initials are required to proceed.

I agree

I understand that I am required to read the Claimant Handbook, which is available at this link:

[IDWD and Handbook](#) [IDWD and Handbook](#)

I understand that I am required to follow instructions in the Claimant Handbook.

Your initials are required to proceed.

I agree

I declare that, if I knowingly make any false statements or fail to provide required information, this could be considered an fraudulent benefit. If detected, this would require repayment of my unemployment benefits, and cause penalty and interest to be added to the unpaid amount, with possible other actions of reprimand for future use in receiving unemployment benefits, and may lead to and/or criminal prosecution.

Your initials are required to proceed.

I agree

Continue

You must read the entire Benefits Rights Agreement carefully. It contains important information about your responsibility and obligations in connection with applying for and receiving unemployment insurance benefits. You are also required to read the Claimant Handbook, which contains detailed information about unemployment insurance procedures. After reading and agreeing to each section, you must type in your initials and click “I agree” before moving to the next section. Each section will turn green after initialing and clicking “I agree”.

CLAIMANT INFORMATION SUMMARY

JOHN DOE
101 E. MAIN ST. FREDERICK, MARYLAND 21701

| | | | |
|----------------------|------------|----------------------|-------------|
| DATE OF BIRTH | 01/01/1975 | SSN | 123-45-6789 |
| DATE OF CLAIM | 01/01/2020 | DATE OF LAST PAYROLL | 12/31/2019 |
| DATE OF LAST PAYROLL | 12/31/2019 | DATE OF LAST PAYROLL | 12/31/2019 |
| DATE OF LAST PAYROLL | 12/31/2019 | DATE OF LAST PAYROLL | 12/31/2019 |
| DATE OF LAST PAYROLL | 12/31/2019 | DATE OF LAST PAYROLL | 12/31/2019 |

Claim Introduction Summary

Have you applied for benefits in another state at any time since 01/01/2020?

Did you receive another's compensation at any time from 01/01/2020 to 12/31/2019?

Employment History Summary

BEAUTY CONSTRUCTION INCORPORATED, 1001 W. 10TH ST. BOULDER, CO. 80501

Did you work for this employer?

What was your primary occupation while working with this employer?

What was your secondary occupation while working with this employer?

What was your rate of pay while working with this employer?

How many hours did you normally work per week with this employer?

Did the employer have more than one employee with this employer?

Income Summary

Other Income

How much did you receive from other sources during the year?

Gross or Sub Pay

How much did you receive from your employer during the year?

Social Security, Social Security Disability, and Disability Pay

How much did you receive from Social Security during the year?

Pension, 401k, or other Retirement Plan Payments

How much did you receive from your retirement plan during the year?

Ability to Work Summary

Has anyone ever prevented you from working in the past 12 months?

Is anyone ever prevented you from working in the past 12 months?

State Benefits Summary

Unemployment Insurance Summary

How much did you receive from unemployment insurance during the year?

State and Federal Taxes Summary

How much did you receive from state and federal taxes during the year?

Disability Benefits Summary

What is the primary type of disability you are claiming?

What is the secondary type of disability you are claiming?

Select Occupation

If you were offered a full-time job today, what is the lowest salary that you would be willing to accept?

How many dependents do you have?

Are you currently in the military?

Signature


I affirm, Submitting claim

This screen provides a summary of all of your answers during this claim filing process. Please check your answers carefully and edit any section where information is not correct, as this will be your last opportunity to make changes before submitting your claim.

Claim Filing Post-Submission Instructions

[Home](#) / Post-Submission Instructions

CONGRATULATIONS!

Your claim was successfully submitted. 


Claim Confirmation #: 64613556

In order to expedite the processing of your claim, complete the following next steps as quickly as possible:

Next Steps

☒ Record Your Weekly Work Search Activities

You are required to keep your own weekly work search log. Keep your weekly work search log in a safe place, as you may be required to provide your work search log to the department at any time during your claim.

The  [Claimant Handbook](#) provides more information about the types of work search activities available to you. Failure to complete weekly work search activities will affect your benefits.

[Claimant Homepage](#)

Congratulations! Your claim was successfully submitted. Please complete the “Next Steps”, if applicable, and read the Claimant Handbook for additional information about the unemployment insurance process.